

OFFICE USE ONLY

Cert # _____

DOCUMENT CONTROL # _____

By _____



**MAIL APPLICATION FOR
MARRIAGE OR DIVORCE
VERIFICATION**

OFFICE USE ONLY

Remit No. _____

Amount \$ _____

Payment Method _____

Date _____

By _____

PLEASE PRINT

Type	Cost	Total
Marriage verification	\$20.00	
Divorce verification	\$20.00	
Return by <input type="checkbox"/> Lonestar Overnight (\$8) or <input type="checkbox"/> Express Mail (\$19.95)	\$8.00 or \$19.95	\$8.00 or \$19.95
Total (Check or Money Order enclosed)		

Processing time for most request is 6 to 8 weeks from the date received.

1. Full Name of Husband	First Name	Middle Name	Last Name
2. Date of Marriage or Divorce	Month	Day	Year
4. Place of Marriage or Divorce	City or Town	County	State Texas
5. Full Name of Wife	First Name	Middle Name	Maiden Name
6. Ages or Dates of Birth at time of Marriage or Divorce	Age or Date of Birth of Husband	Age or Date of Birth of Wife	

7. YOUR NAME: _____ 8. TELEPHONE # (_____) - _____

(MON-FRI 8:00-5:00)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. If verification is to be mailed to some other person, please complete:

Name _____ Street Address _____

City _____ State _____ Zip Code _____

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

A verification is a letter verifying whether or not a marriage or divorce was recorded with the State of Texas. To order a certified copy of the marriage license, you must contact the County Clerk's Office in the county in which the marriage license was obtained. To order a copy of a divorce decree, you must contact the District Clerk's Office in the District in which the divorce was filed.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

APPLICATIONS WITHOUT PHOTOCOPY OF VALID PHOTO ID AND SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

Your Signature _____ Date of Application _____

MAIL THIS APPLICATION AND PAYMENT TO:

**Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040**